NOTICE: This is a public document, which means the document as submitted will be available to the public upon request. Therefore, do not enter personal identifiers on it, such as Social Security number, driver's license number, vehicle plate number, insurance policy number, active financial account number, or active credit card number.

Name	
NameNJ Attorney ID Number	
Address	
Telephone Number	Superior Court of New Jersey
	Law Division, Special Civil Part
	County
Plaintiff(s),	Docket Number:
V.	Civil Action
	Answer
Defendant(s).	(Auto Accident)
Defendant(s), by way of answer to the complaint, say(s	s):
I/We admit deny that the accident took place	e on the date stated in the complaint.
I/We admit deny that I was the owner of the	vehicle on the date of the accident.
I/We admit deny that I was the operator of t	he vehicle on the date of the accident.
I/We admit deny that the accident took place	e at the location stated in the complaint.
The accident alleged in the complaint was not my/our f	fault because:
☐ Trial by jury is requested; an extra \$100 check or	money order is enclosed.
At the trial, Defendant requests:	
	Indicate Language
An accommodation for a disability Yes No	Requested accommodation
I certify that the matter in controversy is not the subject or contemplated, and that no other parties should be joint	t of any other court action or arbitration proceeding, now pending ined in this action.
I certify that confidential personal identifiers have been redacted from all documents submitted in the future in	n redacted from documents now submitted to the court, and will be accordance with <i>Rule</i> 1:38-7(b).
I further certify that this answer was served on plaintiff mailed to me as indicated on page 2 of the summons.	f(s) within 35 days of the date the summons and complaint were
Dated:	
	Defendant's Signature
	Defendant's Name - Typed or Printed